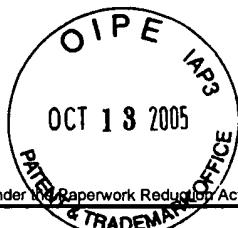


MS AF  
REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

*AF/jmw*

AMENDMENT TRANSMITTAL LETTER				Docket No. 0905-0256P																																											
Application No. 09/769,513-Conf. #6116	Filing Date January 26, 2001	Examiner Y. K. Aggarwal		Art Unit 2615																																											
Applicant(s): Toshiharu UENO																																															
Invention: IMAGE SENSING APPARATUS AND METHOD OF CONTROLLING OPERATION OF SAME																																															
<p><b>MS AF</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center;">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>33</td> <td>- 20 =</td> <td>13</td> <td>x 50.00</td> <td>650.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 3 =</td> <td>1</td> <td>x 200.00</td> <td>200.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify): _____</td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: right;">850.00</td> </tr> </tbody> </table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	33	- 20 =	13	x 50.00	650.00	Independent Claims	4	- 3 =	1	x 200.00	200.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): _____						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					850.00
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<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					850.00																																										
<input checked="" type="checkbox"/> Large Entity			<input type="checkbox"/> Small Entity																																												
<input type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> A check in the amount of \$ 850.00 to cover the filing fee is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 Michael R. Cammarata Attorney Reg. No.: 39,491																																															
Dated: October 13, 2005																																															
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Rd Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																															



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
Effective on 12/08/2004.  
**FEE TRANSMITTAL**  
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 850.00)

<b>Complete if Known</b>	
Application Number	09/769,513-Conf. #6116
Filing Date	January 26, 2001
First Named Inventor	Toshiharu UENO
Examiner Name	Y. K. Aggarwal
Art Unit	2615
Attorney Docket No.	0905-0256P

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Small Entity</b>
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

**Fee (\$)** **Fee (\$)**

50

25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
33	- 20 =	13	x 50.00 = 650.00

**Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 =	1	x 200.00 = 200.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
		/50 (round up to a whole number) x		=

**4. OTHER FEE(\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205-8000
Name (Print/Type)	Michael R. Cammarata			Date	October 13, 2005



Appl No: 09/769,513  
Attorney Docket: 0905-0256P

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: T. UENO Conf.: 6116  
Appl No: 09/769,513 Art Unit: 2615  
Filed: January 26, 2001 Examiner: Y. Aggarwal  
For: IMAGE SENSING APPARATUS AND METHOD OF  
CONTROLLING OPERATION OF SAME

**REPLY UNDER 37 C.F.R. § 1.116**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**October 13, 2005**

Sir:

In reply to the Examiner's Final Office Action dated July 13, 2005, the following amendments and remarks are respectfully submitted in connection with the above-identified application as follows:

- Amendments to the claims; and
- Remarks/Arguments.

10/14/2005 SZEW/DIE1 00000016 09769513

01 FC:1201  
02 FC:1202

200.00 OP  
650.00 OP